

Lighthouse Christian School

After School Care
Program

2010-2011

Mrs. Courtney Campbell
ASC Director

294-4127

Health History Checklist

The answers to these questions will help us determine if your child has any medical problems. We need this information in case your child should become ill and we are unable to reach you right away. Please check which child has any of the medical conditions listed below:

Pregnancy and Birth

Which Child?

- | | | | | | |
|------------------------------|----|---------------------------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Yes | 1. | Were there any problems with pregnancy or your child's birth? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 2. | Was his/her birth weight under 5 ½ pounds? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 3. | Did the baby have any problems in the hospital? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |

Medical Problems

- | | | | | | |
|------------------------------|-----|-----------------------------------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Yes | 4. | Has your child ever been in the hospital overnight? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 5. | Is your child taking any medicine? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 6. | Any allergies, reaction to medicine, insects, or DPT or other shots? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 7. | Has your child had asthma or wheezing? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 8. | Does your child have a speech or hearing problem? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 9. | Has your child had more than two ear infections per year? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 10. | Has your child had tonsillitis? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 11. | Does your child have trouble with his/her eyes or seeing? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 12. | Has your child ever had a bladder or kidney infection? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 13. | Does he/she experience burning when urinating? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 14. | Does your child have seizures, fits, or shaking spells? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 15. | Have you ever been told your child has a heart murmur? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 16. | Is your child unable to play as hard as other children? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 17. | Has your child ever had a bumpy or swollen reaction to a TB test? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 18. | Has your child ever been with anyone who had TB? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 19. | Has your child ever had worms? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 20. | Does your child scratch his/her genital area? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 21. | Is your child's bottom or genitals sore? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 22. | Is your child a hemophiliac (free bleeder)? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 23. | Is your child on a heart monitor? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 24. | Does your child have tubes in his/her ears? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 25. | Does your child have problems getting along well with other children? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 26. | Is he/she characterized as being unhappy? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Yes | 27. | Does your child have any special needs not indicated above? | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |

28. When was the last time your child saw a doctor? _____ 1st Child _____ 2nd Child _____ 3rd Child

29. Please list any known allergies: 1st Child _____
 2nd Child _____
 3rd Child _____

(If the answer to any of the questions above is yes, please explain: _____

 _____)

Registration/Dismissal Plan For After School Care

1st Child's Name _____ Grade (09-10) _____ Date of Birth _____
2nd Child's Name _____ Grade (09-10) _____ Date of Birth _____
3rd Child's Name _____ Grade (09-10) _____ Date of Birth _____
Father/Legal Guardian Name _____
Home Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Mother/Legal Guardian Name _____
Home Address (if different) _____
Home Phone _____ Cell Phone _____ Work Phone _____
Emergency Contact Name _____ Relationship to child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Child's Physician _____ Phone _____
Hospital _____

After School Care Agreement

I, being the parent and legal guardian of the student(s) listed above, am aware of the After School Care program available to my child. I may or may not choose to use this service, but if do, I understand that there is an additional fee for this program. I will be billed monthly, and, in the event that my ASC account becomes overdue, I understand an additional fee will be added and my child(ren) may not be allowed to use this program.

I understand the fees for ASC are as follows:

- 3:30-4:30 (or any portion of the hour) \$3 per child (for elementary students)
- 3:30-5:30 (or any portion of the hour) \$6 per child (for elementary students)
- 3:30-4:30 (or any portion of the hour) \$4 per child (for Middle/High School)
- 3:30-5:30 (or any portion of the hour) \$8 per child (for Middle/High School)

There is no discount for the second or third child per family.

The ASC program closes at 5:30 p.m. If, due to unforeseen circumstances, my child(ren) stays past 5:30, there is an additional charge of \$1 per minute, per child. This is payable to the ASC caregiver in charge at that time. Three grace periods will be given from 5:30 – 5:35. These grace periods are not effective when parents arrive later than 5:35. Five tardies after the grace periods will result in an increase of the late fee to \$2 per minute per child for all subsequent tardies.

I am aware of the "Health, Safety, and Sanitation Standards for After School Care" posted at the After School Care office. I understand that these are available to me upon my request. I understand if school closes early, there is NO ASC provided that afternoon.

I understand that ASC is a privilege and not a right and that should my child continually behave in an unacceptable manner he/she may lose the privilege of attending ASC.

Transportation Plan

We are required by law to have a 'transportation plan' on file for every child. Please indicate below any individuals (18 or older) who are permitted to dismiss your child(ren) from our After School Care program. Include any family members, neighbors, teachers, etc. that you will allow to sign your child(ren) out.

Siblings, ages 16 or 17, will be allowed to pick up your child with a notarized note on file. This note must be given to the After School Care Director before they will be allowed to sign out your child(ren).

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

Please list below any individuals who are not allowed to pick up your child(ren). If either natural or legal parent is **not** allowed to pick up your child, you must have legal documentation of this in the office in order to enforce this.

1. _____	2. _____
3. _____	4. _____

Parent/Guardian Signature

Date

After School Care

Ball Game Permission Form

Parents,

This form is only applicable to students in grades 7-12. By signing the form, and only by doing so, your child is given permission to attend on-campus athletic events during all seasons (soccer, volleyball, basketball, baseball, softball and wrestling).

Students who are signed out to these events are expected to remain at the athletic events until the arrival of their parents or the end of the game (if before 5:30). It is much easier on students, parents, and ASC workers if there is communication between you and your child regarding his/her decision to go to the game prior to ASC. We will not allow students to call for permission to be dismissed, so please fill out and return this form if you intend to allow your child to attend games. Also, we encourage you to discuss with him/her the importance of remaining at the event to which he/she has signed out in order to avoid confusion as to his/her location when you arrive at the school. Please understand that by signing this form and our signing your child out of the program, we will not be supervising him/her at the athletic events. Most games do not begin until 4:00 p.m., so your child will be charged for his/her time in ASC prior to the game time.

Thank you,
ASC Director

My child, _____, has my permission to be dismissed from After School Care in order to attend athletic events on campus during the 2010-2011 school year. I understand that I am responsible for ASC charges prior to the beginning of the athletic event. I also understand that the ASC staff will not be responsible for supervising my child at athletic events for which he/she has been signed out.

Parent's Signature _____ **Date** _____